

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.
CERTIFICATE OF DEATH

43178

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Barnes Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alva M. Smith

(a) Residence, No. St. Quincy, Ill.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Mattie Frances Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 8 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoemaker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

FATHER 13. NAME John W. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Inez Curtis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mattie F. Smith Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry, Mo. DATE Dec. 14, 1937

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Son 2617 S. Delmar

20. FILED DEC 12 1937 J. Bradeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/1937
 22. I HEREBY CERTIFY, That I attended deceased from 11/18/1937, 19... to 12/12/1937, 19...
 I last saw him/her alive on 12/12/1937, 19... Death is said to have occurred on the date stated above, at 3:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Active tuberculosis, left Post op thoracoplasty gastric dilatation acute cardiac failure atelectasis left lower lobe
 Other contributory causes of importance: Pulmonary tuberculosis
 Date of onset

Name of operation thoracoplasty Date of 12-7-37
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19...
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Bridford Cannon, M. D.
 (Address) Barnes Hospital

STATEMENT BY LICENSED EMBALMER

I, J. W. M. Buntley, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
..... L. E.
No. + Carl Huch, Registered Apprentice No.
working under my personal supervision.

Signed J. W. M. Buntley
Licensed Embalmer No. 3653

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)